



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

June 1, 2007

Ryan Rasmussen, Administrator  
The Gables of Ammon  
1405 Curlew Dr  
Ammon, ID 83406

License #: RC-798

Dear Mr. Rasmussen:

On October 26, 2006, a life safety code survey was conducted at The Gables of Ammon. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Grimes", followed by a long horizontal flourish line.

MARK GRIMES  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

MG/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 17, 2006

FILE COPY

Shawna Warner, Administrator  
The Gables of Ammon  
1405 Curfew Drive  
Ammon, ID 83406

Dear Ms. Warner:

In your letter to The Bureau of Facility Standards dated November 13, 2006, you requested additional time to resolve the non-core punch list items cited during the life safety code survey conducted on October 26, 2006. The Bureau has considered your request and is granting a 120 extension from the date of the original due date listed on the punch list left with you during your survey exit conference. The new due date for your evidence of resolution to be received by this office is February 27, 2007.

If you have any questions, please call 334-6626.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Mark Grimes', with a long horizontal flourish extending to the right.

MARK GRIMES  
Supervisor  
Facility, Fire Safety and Construction Program



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November 13, 2006

Shawna Warner, Administrator  
The Gables of Ammon  
1405 Curlew Dr  
Ammon, ID 83406

Dear Ms. Warner:

On October 26, 2006, a life safety code survey was conducted at The Gables of Ammon- Gables Management, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 25, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Grimes', with a long horizontal line extending to the right.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R798</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/26/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>GABLES OF AMMON, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1405 CURLEW DR AMMON, ID 83406</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on October 26, 2006. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety &amp; Construction</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

05JF21

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Cables of Ammon</i>	Physical Address <i>1405 Curlew Dr</i>	Phone Number <i>535 0090</i>
Administrator <i>Shawna Warner</i>	City <i>Ammon</i>	ZIP Code <i>83406</i>
Survey Team Leader <i>Mark Grimes</i>	Survey Type <i>FLS</i>	Survey Date <i>10/26/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.750.06	No RECORD AVAILABLE FOR ANNUAL TESTING OF Sprinkler System.	5/24/07 *
2	16.03.22.750.05	No RECORD AVAILABLE FOR ANNUAL TESTING OF Fire Alarm/Detection System.	5/24/07 *
3	16.03.22.750.03	No RECORD AVAILABLE FOR ANNUAL TESTING + PREVENTIVE MAINTENANCE OF Fuel Fired Appliances + Devices, ie, furnaces, & fireplaces.	5/24/07 *
4	16.03.22.404.01	Self Closing Door to Hazardous Area ie. Laundry propped open with wedges. NEEDS MAGNETIC RELEASE tied to Alarm system to allow door to remain open.	5/24/07 *
			* CLOS 5/29/07

Response Required Date

*11/26/06*

Signature of Facility Representative

*Shawna Warner*